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Bib Data Sheet

CONFIRMATION NO. 9274

|   |   |                               |   |                                     |
|---|---|-------------------------------|---|-------------------------------------|
| <b>SERIAL NUMBER</b><br>10/552,391  | <b>FILING OR 371(c) DATE</b><br>10/07/2005<br><b>RULE</b>   | <b>CLASS</b><br>451           | <b>GROUP ART UNIT</b><br>3723   | <b>ATTORNEY DOCKET NO.</b><br>93109 |
| <b>APPLICANTS</b><br>Thomas M. Anderson, Plymouth, MN;  |   |                               |   |                                     |
| <b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/US04/11054 04/08/2004 which claims benefit of 60/461,392 04/08/2003<br><i>Yes</i>   |   |                               |   |                                     |
| <b>** FOREIGN APPLICATIONS *****</b><br><i>Mexico.</i>  |   |                               |   |                                     |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 05/12/2006</b>  |   |                               |   |                                     |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met<br>Verified and Acknowledged <i>[Signature]</i> <i>[Initials]</i><br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>MN | <b>SHEETS DRAWING</b><br>8  | <b>TOTAL CLAIMS</b><br>40           |
|   |   |                               |   | <b>INDEPENDENT CLAIMS</b><br>3      |
| <b>ADDRESS</b><br>28020   |   |                               |   |                                     |
| <b>TITLE</b><br>System for replacement of sheet abrasive  |   |                               |   |                                     |
| <b>FILING FEE RECEIVED</b><br>2500  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                                     |